

Atlee, W.L.

With the Compliments of the Author.

A RETROSPECT

OF THE

STRUGGLES AND TRIUMPH OF OVARIOTOMY
IN PHILADELPHIA,

WITH SOME

ADDITIONAL REMARKS ON ALLIED SUBJECTS.

THE

ANNUAL ADDRESS

BEFORE THE

Philadelphia County Medical Society.

BY

WASHINGTON L. ATLEE, M.D.,

RETIRING PRESIDENT.

Delivered February 1, 1875.

PUBLISHED BY ORDER OF THE SOCIETY.

PHILADELPHIA:
COLLINS, PRINTER, 705 JAYNE STREET.
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PRESIDENT'S ADDRESS.

GENTLEMEN :

SEVERAL years ago, 1859, 1860, and 1861, as may be remembered by the members of the Philadelphia County Medical Society, I had the honor of giving a series of lectures on the diagnosis of ovarian tumors in this hall and before this Association. At that period of the history of ovariectomy it might have been considered injudicious for the County Medical Society to allow such a subject to be presented, although both the subject and its author were then beginning to emerge from the professional odium which had for years been resting upon them. The countenance, however, of this Association was a marked era to me, inasmuch as the spirit in which these lectures were received was an assurance that the prejudice against ovariectomy was about to subside, and that the profession was willing to discuss it on its own merits. This certainly was a great point gained. It was all that its advocates asked. Although with a deep sense of professional and moral obligation I carried on these operations in the midst of the most strenuous opposition, yet this forbearance of the Society was the first substantial encouragement offered me in this city to pursue the subject, outside of my own consciousness of right and duty. For this opportunity I have always felt grateful to this Association.

In this connection it will not be improper to call your attention to the fact that I have presented to the profession a work on *The General and Differential Diagnosis of Ovarian Tumors*, which is solely based upon my own experience. Whether or not this book has any merit, its publication may be said to have originated with this Society, as the very lectures above alluded to, with slight alterations, constitute the first part of

this volume. For that reason it was my original intention to have dedicated it to the County Medical Society. But on looking back of this turning point in the history of ovariectomy to the year 1809, when the great Kentucky surgeon instituted this grand operation, the first claim seemed properly to belong to the memory of Ephraim McDowell; and the next to my brother, Doctor Jno. L. Atlee, of Lancaster, who since 1843 has been my fellow-laborer in endeavoring to establish this triumph of American surgery. Hence my book was inscribed to these gentlemen, although it claims its birthright in this Association.

As the Philadelphia County Medical Society fifteen years ago opened its doors to the discussion of ovariectomy, it may, in some measure, be held responsible for the advancement of this operation, and the recognition of the member advocating it. It will not be improper, therefore, for that member, in his high official position as the concluding part of his duty, to place on record before the Society as a matter of history, the progress of events connected with ovariectomy from the year 1843, the date of its revival in this country. In attempting this the *Ego* must necessarily appear more frequently than will be pleasant to me, as the subject and myself have been so intimately associated for the last thirty years as to make the paper almost autobiographical. And further as, during the probationary stage of ovariectomy, I was under the ban of the profession and had to suffer from unjust obloquy, I hope that I may be pardoned in any honest manifestations of triumph since the curse has been removed.

On the 29th of June, 1843,* my brother performed ovariectomy on an unmarried lady, aged 25 years. This was the first time that *both* ovaries were removed. The patient is still living and in excellent health. Being associated with him in the case, I commenced studying the literature of the operation, and soon realized the bold and important step taken 34 years before by McDowell of Kentucky. Living at that time in the city of Lancaster, I ransacked every library in the place. After this I visited Philadelphia, gained access to several of its large

* The Amer. Journ. of the Med. Sciences, January, 1844, p. 44.

medical libraries, and spent considerable time in collecting and collating all that had any bearing upon the subject of ovariectomy. I believe that everything that had ever been reported was thoroughly gleaned from every part of the world. The result of this labor—and it was a work of great labor—was the publication of 101 operations in the *The American Journal of the Medical Sciences*, April, 1845, page 330. This table was originally prepared for my own use. By referring to it three names—L'Aumonier, Dzondi, and Galenzowski—will be found recorded before the name of McDowell. These were inconsiderately placed there as referring to cases associated with the ovary, but should have been omitted under the head of ovariectomy. The same may be said of the Houston case, which I exhumed from the *Philosophical Transactions Abridged*, volume vii. page 541, and transferred to the *American Journal of the Medical Sciences*, April, 1849, page 534, as a case occurring in British surgery in 1701. In this instance I was unjustly liberal to our English brethren in giving to them the honor of the first ovariectomy. As it cannot be regarded in this light, I take this occasion to acknowledge my error, inasmuch as Mr. T. Spencer Wells, on my authority, says: "From this case it will appear that ovariectomy originated with British surgery on British ground."* If our medical friends on the other side of the Atlantic have no other claim to priority, all is well for us and for Dr. McDowell. Our position, so far, rests upon a sure and indisputable foundation, and the great Kentucky surgeon can have no competitor. Professor Gross has established his claims beyond the shadow of a doubt.† A new edition of my table, containing 222 cases of ovariectomy, was published in 1851 in the *Transactions of the American Medical Association* for that year, page 286. I am particular in referring to these publications for a reason which will appear hereafter in reference to a position assumed by some of our foreign brethren.

My first operation was performed March 29th, 1844, on a married lady 61 years of age. It proved fatal.‡ It was on the

* Diseases of the Ovaries: their Diagnosis and Treatment. By T. Spencer Wells, 1872, p. 299.

† American Medical Biography. By S. D. Gross, M.D., 1861.

‡ American Journal of the Medical Sciences, July, 1844, p. 43.

banks of the Chicquesalunga, Lancaster County. In travelling westward on the Pennsylvania Central Railroad, soon after passing Landisville station, a small stream is crossed, on the opposite bank of which and on the right-hand side stands a one-story brick tenement. It was in this house, after many days and nights of intense anxiety, that I first essayed this operation. I can never pass it without emotion. It is the text for many, many thoughts. No one can know the mental and moral conflicts of that hour, and I cannot describe them. In that humble spot began the great battle of my professional life, a battle, on my part, unsought, yet firmly maintained on the defensive; because, although this effort was unfortunate, I had weighed the matter well, and my convictions were on the side of humanity and duty. With the axiom that *truth must prevail*, I determined to take my position.

My second operation was performed in the city of Lancaster, August 28, 1844, on an unmarried lady 24 years of age. She recovered. The public record of the case contains these words: "I pledge myself to the profession to treat this subject in all truth and candor; to falsify, omit, or withhold nothing; and to write down errors, if such there be, in honesty and without fear—taking censure when deserved. In the decision of a matter of such weight to humanity, personal sacrifices ought to be utterly disregarded. If this operation is to be established it must be on *correct* statements; if it fail on such testimony, it fails justly and forever. But if its establishment be attempted on *falsified* reports and *withheld* facts, then human life must fall a sacrifice to personal and professional dishonesty, and the effort must necessarily die, covered with a mantle of human gore. Let the question, therefore, be met as it ought to be, and its history be a record of truth."* This pledge was made thirty years ago, and has been faithfully carried out. The result is known.

In 1844 I accepted the Professorship of Medical Chemistry in the Medical Department of Pennsylvania College, and consequently in the fall of 1845 I changed my residence from

* American Journal of the Medical Sciences, April, 1845, p. 324.

Lancaster to Philadelphia, then the acknowledged centre of medical science and learning in this country.

My third operation—the first case in Philadelphia—was performed on the 15th of March, 1849. It was long before this, however, that I found, upon moving to Philadelphia, I had roused up a hornet's nest. Ovariectomy was everywhere decried. It was denounced by the general profession, in the medical societies, in all the medical colleges, and even discouraged by the majority of my own colleagues. I was misrepresented before the medical public, and was pointed at as a dangerous man, even as a murderer. The opposition went so far that a celebrated professor—a popular teacher and captivating writer—in his published lectures invoked the law to arrest me in the performance of this operation!

Let me refer to this early history more in detail; and in doing so I have no doubt that some of the older members of this Society will recognize one or more of the characters presented. In this history I shall forbear using names, except when authorized by the publication of the gentlemen themselves.

It is well known that from the earliest period of ovariectomy in Philadelphia down to the present time it has been my invariable custom to invite members of the profession to witness the operation, in order that they might be able to form a proper opinion of its character, and to judge of its propriety. There was not a prominent medical gentleman in this city that had not such an opportunity. It was a rare circumstance during the probationary stage of the operation, for any one to accept the invitation cordially and gratefully. Some did so coldly, as if conferring a favor upon me. Others politely declined. Others positively refused and emphatically condemned the operation, while others took the invitation as an insult. But after ovariectomy began to grow into favor, and since it has taken a position in legitimate surgery, an opportunity to witness it is sought after by those very individuals who were disposed to condemn it. And, what is most remarkable, the strongest opposition came from those who had never seen the operation, who would not consent to see it, and who consequently knew nothing about it; while those who reluctantly ventured to witness it, as a general rule, gradually modified their adverse

opinions, and finally became advocates for it. Gentlemen, who were bold enough to witness the operation, were even directly accused by their professional acquaintances of being "*particeps criminis*" in committing murder, notwithstanding these murdered patients recovered! Some, high in the profession, against all ethical considerations, would call upon patients, who had fully decided upon the operation, for the purpose of warning them against me and certain death. The day before I operated upon my first patient in Philadelphia an eminent surgeon called upon her to assure her that she would certainly be dead in twenty-four hours. Twenty-four hours after the operation I requested him to visit her, and her condition was such that he would not believe that she had been meddled with until I exposed the wound. This lady is still living in good health, and since then has survived two miscarriages, the removal of an immense tumor from the neck, and an operation for cataract in both eyes. Another medical gentleman, whose patient came to me against his positive remonstrance, attended the operation for the express purpose of being with her when she died on the operating table. She did not die and still lives, although both ovaries were removed; and he left the room a convert to ovariectomy. He afterwards became over-zealous in advocating it, looked upon every enlargement of the abdomen as an ovarian tumor, and, although one of the oldest practitioners of obstetrics, among other cases sent to me a patient for operation, offering his assistance, whose tumor fortunately by a natural process fell into her arms one month after!

The colleges, as stated, proclaimed fiercely against the operation as unjustifiable and criminal. Sometimes the professors would go out of their way to denounce it. One eminent surgeon, now dead, after the occurrence of a fatal case in 1851, opened his lecture on surgery in words like these: "Gentlemen, it is my painful duty to announce to you that a respectable lady who, a few days ago, came from New York to this city with an ovarian tumor, which was removed by Dr. Atlee, returned to that city to-day a corpse." This was particularly marked, as it had no relation to the subject of that lecture. It was not uncommon for medical men to refuse to meet me in consultation, for no other reason than my persistence in performing

ovariotomy. A prominent surgeon, then belonging to the staff of the Pennsylvania Hospital, upon being called out at night to see one of my patients, when I was sick in bed, after prescribing, and without his having been solicited to join in the treatment of the case, voluntarily said: "Tell Dr. Atlee that I will not meet him in consultation, because he undertakes to perform operations not recognized by the profession." Another, in passing along Arch Street, opposite my house, in company with others, exclaimed: "There lives the greatest quack in Philadelphia." And yet this same gentleman is now an ovariologist himself! Even my own colleagues, with the exception of Prof. Grant, discountenanced the operation, and endeavored to convince me of my error. Among other measures, they invited prominent gentlemen, adverse to ovariotomy, to one of our weekly conversational meetings [which had been instituted for the benefit of our students] to discuss the subject. But as none of them had witnessed, nor would consent to witness, an operation, and could not speak from observation or experience, their arguments amounted to nothing.

Permit me now to recall the published opinions of some of the celebrated men of a former day. At the opening of the session 1844-45 of Jefferson Medical College, Professor Thos. D. Mütter, in his introductory address, used these expressive words: "A distinguished philosopher has classed man among the most cruel of all animals. . . . Certain it is that some of our operations may be considered as supporting, to a limited degree, the charge made against our race; and there is none in the whole domain of surgery better calculated to elicit, even among the profession, a more profound sensation of horror, or better deserves the epithet of cruel, than one recently introduced into practice; and were we not convinced that nothing but a fervent desire to relieve a suffering mortal could induce a surgeon to undertake its performance, we should at once look upon its author as a being destitute of either sympathy or compassion, and richly deserving the detestation of his fellow-men. The operation to which I refer is that for the removal of ovarian tumors!" Dr. Mütter further remarks: "From the *information now furnished to the world*" [1844] "I am induced to range myself among its opponents." From the known liberal and

honorable character of Prof. Mütter, I have no doubt that had his useful life been spared a few years longer, he would have changed his opinion. I infer this from the fact that in offering a list of the most prominent objections to the operation, he premises: "I wish it to be understood, however, that should the difficulties about to be stated, ever by subsequent observation and research be removed, I shall be ready at once to change my present views, and rank myself among the advocates of the operation." And yet in his edition of Liston's Surgery he afterwards said that he "set his face against the operation and thought he always should." . . . "It is certainly hazarding but little to assert, that in a few years the measure will be consigned to the oblivion it so richly merits."!*

The few years have passed, and the scriptures are fulfilled—"that a prophet hath no honor in his own country."†

I wish to refer again to Professor Mütter. In the same introductory, above referred to, "*On the modern operations of surgery*," in which he strongly condemns ovariectomy, he in very singular contrast exclaims: "What would have been the condition of surgery, had the Hunters, the Coopers, the Bells, the Parés, the Dupuytren, and the Physicks calmly folded their hands, and declared that it was impossible to fathom the mysteries of our art, and that consequently, we must rest contented in our ignorance?" What an admirable text for the subject of ovariectomy! And what better examples could be presented to the enterprising and innovating young surgeon! "Well has it been said," continues Dr. Mütter, "that it is one of the most striking distinctions of a great mind, that it is prone to rush into *twilight regions, and to catch faint glimmerings of distant and unbounded prospects*."!!

In 1853, Joshua B. Flint, M.D., of Louisville, Professor of Surgery in the Kentucky School of Medicine, presented a report on surgery to the State Medical Society, in which he outrages professional ethics in his opposition to ovariectomists, and, like the unclean bird, defiles his own nest by unjustly denouncing McDowell. The tenor of this report clearly shows that Dr. Flint had a pique against our friend Professor Gross,

* Liston's and Mütter's Surgery, 1847, p. 422.

† St. John, chap. iv. v. 44.

for so nobly exalting the character of McDowell one year before. The deeds of our associate have since placed his name on the highest point of the scroll of fame, and the record of history will immortalize the memory of McDowell, while the traducer of his brother can claim no such honors! In speaking of my table, Dr. Flint exclaims: "It is remarkable, that among men who, according to this table, have sought to distinguish themselves by this operation, we do not find Dupuytren, nor Delpech, nor Larry, nor Roux, nor any of their illustrious contemporaries in France; nor the Hunters, the Coopers, the Bells, Abernethy or even Liston, among British surgeons; nor Physick, nor Post, nor Mott,* nor Dudley, of our own country, although it can scarcely be doubted that all of them had frequent opportunities of so doing." Such is the text of Dr. Flint. Now let me illustrate this by the context of Dr. Mütter: "What would be the condition of surgery" were we "to calmly fold our hands and declare it to be impossible to fathom the mysteries of our art" beyond the teachings of antiquated authority! In speaking of "Dr. Clay, of Manchester, Dr. Bird, of London, and Dr. Washington Atlee, of our own country," Dr. Flint says: "It is certain that neither of them has attained to the position of an authority in the commonwealth of surgery; and the force of their testimony to the propriety and value of the operation is, moreover, very much impaired by the suspicious attitude in which they stand to it, in having made it a sort of specialty, than which nothing is more trying to professional integrity." Now I can speak for myself, and also for Drs. Clay and Bird, that neither of us was a specialist, and although we had not attained to the position of an authority, there was no stain upon our "professional integrity," and that the cases reported were true in every particular. The *facts* presented were offered only as authority, and stand this day, as they stood then, on the foundation of truth, unchallengeable and unchangeable by time. All honor to the great men referred to by Professor Mütter and Flint! There must have been a time, however, in their history

* Dr. Mott, though his name was not on my table, was *favorable* to the operation, and assisted his son-in-law, Dr. Van Buren, in a case, which was published in the *New York Journ. of Med.*, March, 1852, and republished in the *Amer. Journ. of Med. Sci.*, April, 1852, and must have been seen by Dr. Flint.

when they occupied no higher position "in the commonwealth of surgery" than those still in the humbler ranks of the profession.

Dr. Flint thinks that "nothing is more trying to professional integrity than the suspicious attitude" of the specialist!! Does close investigation in any branch of study, or manifold experience in any section of our art, tend to professional rascality? or, does it not rather reveal hidden truths, and develop dexterity, which exalts the man, and dignifies the profession? Are our obstetricians, our gynæcologists, our surgeons, and other specialists more dishonest than the general practitioner? I apprehend not. There are scoundrels in all branches of medicine, but the critical study of any department has an elevating and truthful influence on the genuine student of nature.

With regard to "professional integrity" in arranging our statistics, so often questioned by our opponents, I will quote the words of Professor Erichsen in his recent work on *Hospitalism*, page 17. He describes "ovariotomy as one of the greatest glories of modern *British* [] surgery," and says: "In all probability, ovariotomy presents more uniformity in respect to the conditions under which it is perfected than any other operation in surgery. Hence the statistics that we can obtain from it are of greater value in reference to the amount of mortality under the varying conditions in which the patient is placed, or in reference to the causes that lead to death, than can be furnished by an example of statistical results of any other operation."

Another distinguished gentleman, Professor Meigs, thus emphatically expressed himself: "I detest all abdominal surgery."* "I am free to say, that I look upon all operations for the extirpation of the diseased ovary as not to be justified by the most fortunate issue in any ratio whatever of the cases."!!† Or, in other words: "not to be justified by any amount of success."!!‡ Again: "Dr. Atlee's coolness in cutting open a woman's belly does not, I should think, entitle him to judge more clearly than

* Females and their Diseases. First Edition, 1848, p. 266.

† Colombat on Diseases of Females, 1849, p. 418.

‡ Females and their Diseases, 1848, p. 314.

I as to the morals of such surgery. Dr. Atlee likes them" [ovarian operations]; "on the contrary, I detest them, and should be glad to see them prevented by statute."!! This certainly was not the language of science, and exhibited the same jesuitical spirit that obliged Galileo to abjure the truth of the Copernican system. Thanks to our lawmakers, who permit science to work out its own salvation, and to disclaim connection both with political therapeutics and therapeutical politicians. Again, while discussing "a question of high morals" before the young gentlemen of his class, Professor Meigs threw himself open to the charge of professional defamation in using the following unrefined and uncourteous language: "I should be glad if you would look over the statistics of ovariectomy to discover how many bellies have been ripped up by the surgeons in the expectation of having the blessed satisfaction and *praise* of curing a tumor. Suppose a surgeon to open a woman's belly to extirpate an ovary; that he finds no ovary there, that he then sews up the gash; and next, that she dies! what should the attorney-general say?"* Again: "It would scarcely be unfair to say of all the fatal results of operation for extirpation of the ovary that the patient is compelled to render her soul to God and her carcass to the surgeon."!!† This surely was not the temper that a true inquirer after truth would have manifested in the discussion of any scientific question still under controversy. Fortunately for ovariectomy, the good common sense of the medical community has enabled it to discriminate between dogmatism and argument.

Allow me, now, to arrange in the form of a syllogism some of the propositions of our distinguished opponent. Professor Meigs says:—

1st. An ovarian tumor "*can neither be recovered nor subdued. What idleness, if not what folly, to give medicines! Medicines for a tumor! Give medicines for a swelling, for a disease, but not for a tumor!*"‡

2d. "*I hold to the sentiment, that it is a dire necessity that compels a resort to the bistoury; and that the fact of a surgical operation being necessary in any case, is a reproach to medicine.*"§

* Woman and her Diseases. Third Edition, p. 339.

† Ibid., p. 341.

‡ Ibid., p. 337.

§ Ibid., p. 339.

And 3d. "*I look upon operations for the extirpation of a diseased ovary as not to be justified by any amount of success.*"*

Which may be paraphrased as follows:—

1st. An ovarian tumor cannot be cured by medicine.

2d. Dire necessity compels a resort to the bistoury.

3d. Therefore the bistoury must not be used, even if all patients are cured by it!!

Further comment is unnecessary.

Amidst all this opposition and condemnation, it is a great relief to turn to a few "good men and true," who, though not active advocates of ovariectomy, yet fully justified its performance at an early period. My colleague and friend, Professor William R. Grant, was the only member of the Faculty of Pennsylvania Medical College that dared to encourage me to proceed in the course that I had adopted. Dr. Thomas M. Drysdale, my pupil, who entered the profession in the midst of the turmoil, sustained me with heart and hand. Dr. George McClellan, who in his day brought more talent into the field of surgery than any other man in our country, congratulated both my brother and myself, with a characteristic enthusiasm, on our efforts in this direction. Dr. Henry H. Smith, then surgeon to St. Joseph's Hospital, and afterwards Professor of Surgery in the University of Pennsylvania, not only consented to witness the operation, but as far back as 1851 made this record: "We are, I think, justified in concluding that the majority of ovarian tumors cannot be controlled by medicine; that their natural course is to terminate fatally in about five years; that tapping them is attended with considerable danger; and that, when they create great distress to the patient, and the latter is fully informed of the possibility of failure or the chance of death, such tumors are proper subjects for an operation."† "It is to be hoped that prejudice will not be allowed to check the formation of a candid opinion of a means of treatment, which, if established beyond cavil, is capable of adding materially to the comfort of a large and interesting class of the community."‡ Dr. Smith subsequently attempted the operation

* Woman and her Diseases. Third Edition, p. 342.

† A System of Operative Surgery. By Henry H. Smith, M.D., p. 576.

‡ Ibid, p. 579.

himself, and in his published report* of the case took occasion to misrepresent me, but failed in making the *amende honorable* when the testimony afterward satisfied him of his misstatement. Our highly honored associate, Professor S. D. Gross, not only operated himself, but says: "My opinion has always been, that extirpation of the ovary is, under certain circumstances, not only justified, but imperatively necessary; and, I must confess, I have no sympathy with those who condemn this operation, and yet, almost in the same breath, remove an ulcerated cancerous breast, or a jaw bone affected with encephaloid, in the hope, as is alleged, of enabling the poor patient to eke out a few short months of a miserable existence. Consistency is a virtue in surgery as it is in everything else."† I may also mention the name of Professor Hugh L. Hodge, whose memory is dear to all. In the early history of ovariectomy it is well known that he condemned it. Later in life, when speaking of the treatment of displacements of the ovaries he makes this record: "The terrible operation of gastrotomy for the removal of such solid tumors is, we think, indefensible." "The question respecting ovariectomy is different when there are collections of watery, gelatinous, purulent, or other fluids in the ovaries. . . . The decision may occasionally be in favor of the operation."‡ Dr. Hodge, being an honest seeker after truth and open to conviction, subsequently fully sanctioned the operation, particularly in cases of cystic hypertrophy. In this connection it gives me pleasure to add that his son, Dr. H. Lenox Hodge, is not only an advocate of ovariectomy, but a successful operator. Another name connected with the University of Pennsylvania to which I refer with pleasure is that of Professor N. Chapman. Although no surgeon, he did not hesitate to give his opinion in favor of ovariectomy, and that opinion, published thirty years ago, affords another proof of his wonderful sagacity. He says: "It seems to me, on a review of all the considerations which bear on this question, that this operation is justifiable under certain circumstances. . . . Could the diagnosis be so improved as to enable

* Medical Examiner, January, 1855, pp. 6 and 7.

† A System of Surgery. By Samuel D. Gross, M.D., 1859, p. 1022.

‡ Diseases Peculiar to Women. By Hugh L. Hodge, M.D., 1860, pp. 390-391.

us to separate with precision the favorable from the unfavorable states of the organ, then I suspect that ovariectomy might be brought to as much certainty as any of the great cuttings or mutilations of surgery. The ovaries are not vital organs. The male suffers little danger from the excision of his testicles, healthy or diseased, and it is not unlikely the female system is as nearly tolerant of similar ablations.

"To these remarks I have been led in consequence of the recent brilliant success of my friend, Dr. Atlee" [John L.], "of Lancaster, Pa., in extirpating both ovaries simultaneously: an operation which ought to place him where I have long known him to be entitled, among the most skilful of the surgeons of our country."*

Before proceeding further, while dwelling on these early opinions and incidents in the history of ovariectomy, I wish to refer to a very pleasant occurrence in June, 1850. Early in the morning, as I was preparing to make my morning rounds, an old gentleman entered my office. He was of small stature, slightly stooped, very plainly dressed, with a quiet demeanor, and resembled one of our well-to-do Pennsylvania farmers. He introduced himself as Dr. Mussey, of Cincinnati. We had never met before, although we had been frequent correspondents. Of course the meeting was cordial. Professor Mussey was Chairman of the Standing Committee on Surgery of the American Medical Association for that year, and although the session had been held the month before, he had made a special visit to Philadelphia, for the purpose of embodying in his report the very latest material; and on this account his paper was not sent to the Committee of Publication until the other reports were in type. He cordially accepted my invitation to ride with me, and we called to see several patients who had undergone the operation, one of them only one week before. The old surgeon was enthusiastic in his expression of delight. Among other cases was one that had just come under my care, a lady with an ovarian tumor, who had been reduced almost to a state of impending death by a recent uterine hemorrhage, and

* Lectures on Eruptive Fevers, Dropsies, Gout, etc. By N. Chapman, M.D., 1844, pp. 315-16.

was frightfully anæmic and weak. She had decided upon ovariectomy. The doctor, believing with me that that alone could save her, begged of me to operate next day, before he left for the west. I declined, because the patient was in an almost moribund condition. She afterwards rallied sufficiently to be operated upon during the following month, and she is still living. I had at that time operated for the removal of the ovary eleven times. This good old man, on bidding farewell, took my hand in both of his, gave me a hearty shake, thanked me for the opportunity afforded him, and remarked in parting: "Dr. Atlee, you are yet a young man, and I would not be surprised if, during your life, you will have performed this operation twenty times!" I am not now as old a man as Professor Mussey was then, and instead of twenty the number has reached nearly three hundred. In the report he was then preparing, Dr. Mussey says: "This operation has fought its way, in the face of sufficient opposition, to a pretty fair standing in legitimate surgery."* This visit was very inspiring to me, and, in some measure, was a compensation for the treatment I was daily receiving from many of my professional brethren.

In connection with this subject, I wish to state the important fact that very early in the study of abdominal enlargements I was struck with the various physical characters of their contents. The fluids of dropsy had never been properly studied, and the literature of the subject was almost a total blank. Satisfied of their diagnostic value, even in their ordinary condition perceptible to the senses, I encouraged Dr. Thomas M. Drysdale, immediately after his graduation in 1852, to engage in their micro-chemical examination. Since then he has devoted himself assiduously to this work, and, after an experience unparalleled, has arrived at definite results which cannot safely be impeached. He has named the pathognomonic atom *the ovarian cell*, which may properly be considered more of a corpuscle than a cell; but if it be a misnomer, the body itself stands there as a discovery to which Dr. Drysdale has the right to lay claim. The very great importance of the microscopic and

* American Medical Transactions for 1850, p. 379.

chemical tests is amply set forth in my work on the "Diagnosis of Ovarian Tumors."

April 15th, 1852, I gave a lecture before the Northern Medical Association on "*A Peculiar Form of Abdominal Dropsy.*" The subject was discussed, and the meeting was adjourned to May 6th, 1852. At that meeting I invited the Society to appoint a committee to witness the operation of ovariectomy, when, on motion of Dr. Joseph R. Bryan, a committee, composed of Drs. Remington, Bryan, and Levis, was appointed. Unfortunately, the very next case was that of a patient who would have died soon after any operation, and perhaps as soon without an operation, as will be shown by the report of the committee itself. She did die in about thirteen hours after it. The following are some extracts from the report:—

"That on the 31st of May last your committee met, by invitation from Dr. Atlee, at 11 o'clock A. M., at the appointed place, and at his request proceeded to examine and interrogate his patient separately; who was an unmarried female about twenty-five years of age, appearing to enjoy very feeble health, was exceedingly emaciated and weak, with a small, thready pulse, a tongue polished and red in its centre, with patches of fur on its sides, indicating, in their opinion, an anæmic condition, attended with and probably dependent upon a morbid alteration of the mucous alimentary surface.

"It appeared she had suffered for months from sick stomach, vomiting, and diarrhœa, which no doubt exercised a controlling influence in bringing about this extreme prostration and loss of vital power. . . .

"Her respiration was short, difficult, and oppressed, with rapid motions of the alæ nasi, and an anxious expression of countenance. In reply to our interrogatories, her mind appeared to be fully made up, indeed unalterably fixed, as to the operation, even were it to prove unsuccessful or ultimately disastrous; it was evident she could not live. . . .

"The operator was engaged about forty minutes in its performance, which was most ably and skilfully executed, and it is believed that every precaution to avert a fatal issue was applied that science and an enlarged experience could devise.

"In conclusion, the committee earnestly recommend the adoption of the subjoined resolution:—

"*Resolved*, That this Association, in view of the numerous fatal results ensuing upon ovariectomy, and the many disasters arising from errors in diagnosis, unreservedly deprecates the frequent performance of this operation as detrimental to the best interests of science, and fraught with the most imminent hazard to life.

"ISAAC REMINGTON,

"JOSEPH R. BRYAN,

"R. J. LEVIS.

"*Phila.*, 10mo. 16th, 1852."

It appears by the minutes of the Society that at a meeting held September 16th, 1852, the committee reported progress; at another held October 7th, the report was postponed; and that at another convened October 21st, the report was made, when, on motion of Dr. Hatfield, the resolution was postponed for discussion to the next meeting. The next meeting was held November 18th, when Dr. Bryan offered the following substitute for the resolution prepared by the committee:—

"In conclusion, therefore, your committee beg leave to offer the following resolution:—

"*Resolved*, That our secretary be hereby instructed to return the thanks of the Association to Dr. W. L. Atlee, for his courtesy in inviting a committee of the Association to be present at a recent operation for ovarian disease."

This was adopted, and immediately after Dr. Remington offered the following preamble and resolution:—

"*Whereas*, This Association, considering the great mortality resulting from ovariectomy, the extreme obscurity of diagnosis, the weight of authority against it, and the uncertainty of published statistics; therefore

"*Resolved*, That, although cases have occurred and may occur where the operation was advisable, this Society cannot approve of a general resort to gastrotomy for the removal of ovarian tumors."

This resolution was also adopted. It may be as well to state that I never had any cognizance of these proceedings until a

short time ago, when looking up material for this address. Although a member of the Society, and personally interested in the report, I was never advised of the time when the committee intended to present their conclusions to the Association. The above is an exact copy of the minutes, made by myself a short time ago. Perhaps the best commentary upon the resolution of the committee, which was not adopted by the Society, and the resolution offered by Dr. Remington, which was adopted, is the fact that Dr. Bryan afterwards recognized ovariectomy by calling me into consultation in cases of abdominal tumors, and the more important fact that Dr. Levis himself has practised the operation. And it is not at all unlikely that had Dr. Remington lived a few years longer, when "the weight of authority" was no longer "against it," he would have been anxious to have drawn the black line across every word of his preamble and resolutions. At that day, however, amid the prejudices of the time, and in obedience to the dogmas fulminated from high places, such action was to be expected.

I need not dwell any longer on these early phases of the history of ovariectomy. My contemporaries of the past are fully aware that I have not overdrawn the picture. Ovariectomy, both privately and publicly, was denounced without measure, and the weight of the battle-axe in this city fell upon my shoulders. The same opposition, although not so acrid and determined, assailed the operation and its advocates in other countries. In an innovation so momentous this, perhaps, was best; for my own part, I was and am satisfied. I believe my opponents were honest in their convictions. I know that I was, and as my actions were based upon abundant study of the subject in all its aspects, upon repeated facts constantly recurring, and upon the success attending those who practised ovariectomy, I felt assured that this great battle must terminate in favor of science and humanity.

The battle has been fought and won. A victory has been achieved, not alone by the prowess of the friends of ovariectomy, but because they labored for a cause which bore the seal of *truth*. No human effort can sustain an operation which has no merit in itself, and no human influence can put down an operation intrinsically good. Ovariectomy has triumphed because

"truth must prevail." The fiery ordeal through which it has passed will perpetuate the triumph of this glorious operation; and its early promoters, who have suffered trials and tribulations, may now live in peace.

I wish as much could have been said of its great founder, McDowell, of Kentucky, who, so far as professional consideration was concerned, neither lived nor died in peace. His success, however, must have been inspiring to his convictions of duty, and, in spite of an upbraiding world, must have enabled him to enjoy that inward peace of conscience—"the peace of God, which passeth all understanding." The nations of the earth should now make some amends to the memory of that great surgeon by erecting an appropriate monument upon the very spot where ovariectomy originated.

It is highly creditable to the head and heart of Professor Gross that as early as 1852, while a citizen of Kentucky, he spoke of McDowell in the following just terms: "The name of Ephraim McDowell is immortal. . . . Ovariectomy is now one of the established operations of surgery; and for this boon our profession and mankind are indebted to Ephraim McDowell.

. . . . *He was a deep and original thinker, a bold, fearless, intrepid, and original operator, a faithful and adroit physician, an honest, upright, conscientious man, whose career, in whatever aspect it may be contemplated, affords an example worthy alike of our admiration and imitation.*"*

As an American triumph of surgery permit me to dwell upon ovariectomy a little longer. Since its establishment as a legitimate operation, other nations are claiming priority, and it is remarkable how varied are the attempts to rob our country of its just claims. Even so good and great a man as Mr. Keith, of Edinburgh, throws himself open to such a charge. I will here quote from an unpublished letter. Dr. John D. Jackson, of Danville, Kentucky, writes to me thus: "I cannot conclude, without speaking of the general disposition of our British brethren to deprecate McDowell's just claims, and indeed for that matter the claims of almost every American to his due honors. It seems, at present, their intent, to concen-

* Transactions of the Kentucky State Medical Society, 1852.

trate upon Mr. Wells as the real 'father of ovariectomy'—and to produce the impression that he, and he alone, has put ovariectomy on its present foundation. Certainly, we might well think so, if we will credit what Mr. Keith has recently said. If any one will read the number of the *British Medical Journal* for December 20th, 1873, he will find a letter from Mr. Keith, in which he says:—

“Few watched more eagerly than I did the history of this operation, and few knew so well the details of the early cases. Till 1858, I could find nothing whatever anywhere to encourage, but everything to deter one from attempting it. Ovariectomy was then, as an operation, simply nowhere, and had the practice of using Dr. Clay's long intra-peritoneal ligatures been continued, it must have yet been nowhere. Up to that year Mr. Brown had lost seven out of his nine patients, and had ceased operating for upwards of two years and a half. Surely there was nothing for any one to learn from such results, except, perhaps, what there might be to avoid.

“But when Mr. Wells began to publish his results, it was evident that a period of progress had begun. He continued to give every case—successful as well as unsuccessful—the only way in the case of a new operation, to give or restore confidence. I think I know pretty well what the verdict of the profession on this matter will be; and when I think of the weariness of flesh and spirit with which Mr. Spencer Wells' great work has been accomplished—and there never has been anything like it in surgery since surgery began—it seems to me strange that any doubt could have arisen at all.”

Dr. Jackson thus comments on the above language of Mr. Keith: “Now to Mr. Clay, of Manchester, and yourself, I should think this would be a little irritating. When Clay, as early as 1850, had performed thirty-three operations, with twenty-one recoveries [a fair average of recoveries now even], and to have it said that then ovariectomy was ‘nowhere’—and after your publication of two hundred and twenty-two cases of ovariectomy with one hundred and forty-six recoveries, and have it said that ‘*there was nothing for any one to learn from such results except, perhaps, what there might be to avoid*’—the operation itself being declared to be ‘nowhere’—if not irritating, I should

think it certainly would be, to have it broadly intimated that Spencer Wells was the first of men to give his successful and unsuccessful cases, and that there has never been anything like Mr. Wells' 'weariness of flesh and spirit' in the accomplishment of his work.

"The man surely must be ignorant of your early work—of the bold, honest publication of your fatal as well as successful cases, in the face of obloquy and even fierce denunciation; and yet he says 'few watched more eagerly than I did the history of this operation, and few *knew so well the details of the early cases.*'"

This criticism of Dr. Jackson is eminently appropriate. Both of these British surgeons, Mr. Keith and Mr. Wells, are highly appreciated by their American brethren, and stand before the world unrivalled as ovariologists; but certainly we have good cause to complain when, in the face of well-recorded history, ovariectomy has been placed in such an equivocal position.

Permit me to refer to another English surgeon in connection with this subject. In 1847 Mr. Thomas Safford Lee, of London, was honored by the Jacksonian prize on presenting "*A Dissertation upon Tumors of the Uterus and its Appendages.*" Two years before, in 1845, my table, with an analysis of all the cases of ovariectomy, was published in the *American Journal of the Medical Sciences*. Mr. Lee copies this very table in his essay, and gives it as the result of *his own labor*, omitting any acknowledgment whatever. During the discussion of this subject, he makes very frequent use of the facts which I had collected, adopting my arrangement of them, and even my own language, without referring to the source whence he mainly drew the information, and upon which were founded the valuable deductions in his book. This plagiarism was properly noticed in the *Medical News* of this city for May, 1847. Yet still worse, in a work* written and published in Philadelphia one year after, in 1848, Mr. Lee was alone credited with these facts, which he had "been at so great pains to collect," and I, the real author, was totally ignored. In a communication made to the *American Journal of the Medical Sciences* for April,

* Females and their Diseases. By Charles D. Meigs, M.D., etc.

1850, I called attention to these facts, exposing the whole transaction, and yet in a subsequent edition of the Philadelphia book, the author took no advantage of the opportunity to render an explanation, or at least to correct a mistake into which he may have inadvertently fallen. But this was a time when ovariectomy was in the shade, and its advocates, as might have been thought, had no right to any better treatment! This whole matter, however, was properly exposed in an appendix to the new edition of my table, extracted from the *Transactions of the American Medical Association*, and published in 1851 in pamphlet form for private distribution.

This was not the only instance, at that early day, of the labors of an American, having been pirated by a foreign writer. Nor was there ever a more bald attempt, by a fellow citizen, to connive at such piracy, and to persist in doing so after the theft had been exposed and acknowledged by the English author.

I am not yet quite done complaining of our British friends, and ask permission to say a word more. At the meeting of the American Medical Association, held in the city of New York in 1853, twelve essays were presented for the prize, to two of which it was awarded. I was one of the fortunate competitors. My paper was entitled "*The Surgical Treatment of Certain Fibrous Tumors of the Uterus, heretofore considered beyond the resources of Art.*" A synopsis of some of the cases contained in this essay was previously embraced in the *Report on Surgery* in 1850 by Professor Mussey, who says: "Of all the achievements of modern surgery, we meet with none more striking or extraordinary than the operations performed by Professor Atlee for the removal of intra-uterine fibrous tumors." Some time after the publication of my essay, the subject began to attract attention in England, and Mr. Baker Brown of London followed in my footsteps, with slight modifications of the operation. In his communications to the English journals he promulgated ideas of importance as his own, which were first advanced in my essay, and the source of which he failed to acknowledge. His early papers to the journals show that he had carefully read what I had written, and his remarks to a member of this Society who was visiting London about that time corroborate

this opinion. The same course, in reference to this essay, has been pursued also by other foreign surgeons.

Such treatment, however, we in America have learned to tolerate. If we can aid our worthy fathers to advance medical and surgical science, we will do so with a sense of filial gratitude, but we hope that the time is coming when they will be able to see across the Atlantic clearly enough to be able to recognize our claims to a proper position in the profession. The contemptuous query "*Who reads an American book?*" is not so old as to be beyond the memory of the present age. To this we might return "the retort courteous," and appropriately ask *who* ACKNOWLEDGES *reading an American book?* Thanks to American medical progress, our national medical character, and our national medical literature must command the respect of all the world.

To show that my claims to originality are just, I may refer to Professor Pallen's prize essay, presented to the American Medical Association in 1869, where he says: "In 1853, Dr. Washington L. Atlee startled the profession by his method of heroically attacking uterine tumors with the knife. . . . His successes were numerous, and the ingenuity of his devices are deserving of the highest commendation." And Dr. J. Marion Sims, in the *New York Medical Journal*, April, 1874, says: "The name of Atlee stands without a rival in connection with uterine fibroids. His operations were so heroic that no man has as yet dared to imitate him. A generation has passed since he gave to the world his valuable essay on the surgical treatment of fibrous tumors of the uterus; but it is only within the last five or six years that the profession have come to appreciate the great truths which he labored to establish. Meadows, of London, and Thomas, of New York, have each achieved splendid results in this direction, and made valuable contributions to our literature. A few isolated cases of fibroid enucleation have been published by others, and this is about all that we can boast of since Atlee first led the way for us."

Gentlemen, pardon me for presenting so much that has been personal. I assure you that it does not proceed from vanity, from ostentation, or from a spirit of boasting; but from a sense of obligation to unwritten history, as well as of justice to ova-

riotomy, to myself, and to American medicine. I have, as you all know, been so intimately associated with this subject from the earliest period of its revival, through all stages, up to the present time, that such a history almost necessarily falls upon me. It is to you that I prefer to give it; it was from you that I first received public countenance; and I am confident, that in this attempt to write up history, you will exonerate me from everything like self-adulation. My destiny, it would seem, was that of ovariectomy. Had that operation been sunk into the "tomb of the Capulets," I certainly would not have occupied, in the County Medical Society, this honorable position to-night.

The events of the last thirty years, in connection with ovariectomy, point out some useful lessons both to the older and younger members of the medical profession. As we grow old we are apt to become fixed in our habits of thought, unyielding in our routine of practice, and intolerant of innovation. New views are looked upon with suspicion, and new practices are often met by a forbidding, jealous spirit. This is especially the case when promulgated by younger men. And yet as truly as "the boy is father to the man," so is the young physician the founder of the reputation of his advanced years. Therefore, we, who are passing onward toward the "sear and yellow leaf," should treat with due consideration and leniency, and in a conciliating, and respectful spirit, every proposition that emanates from our eager, energetic, and industrious younger members of the profession.

The history just detailed affords a moral to all young men who are cultivating the fields of science and humanity. In all the battles of professional life, let them weigh well their foundation of action, think for themselves rather than follow doubtful authority, cultivate a pure conscience, adhere strictly to professional and moral rectitude, sacrifice self on the altar of humanity, allow no personal considerations to outweigh their obligations to their patients, and turn neither to the right nor to the left, while in the path of duty, when professional storms assail them. Then, even should they err at times, they will pass through the fire purified though the whole world may have been armed against them.

